

NAB Form PB-16 Issues

**AGREEMENT FORM FOR  
NON-CANDIDATE/ISSUE ADVERTISEMENTS**

<b>Station and Location:</b>	<b>Date:</b> 8/28/12
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I, Richard Co/sky  
do hereby request station time concerning the following issue:

<u>Assembly District 8</u> <u>California</u>
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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Total Charges:**

This broadcast time will be used by: Spirit of Democracy California

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

☐ Yes☒ No

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For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

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For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Spirit of Democracy California
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and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

See attached

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.

### TO BE SIGNED BY ISSUE ADVERTISER

_____		_____
Date	Signature	Contact Phone Number

### TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted ☐ Accepted in Part ☐ Rejected

_____	_____	_____
Signature	Printed Name	Title

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## AGREED UPON SCHEDULE

**For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance**

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
c	c	c	c	c	c

**Total Charges:** aa

## AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note:** Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.



MENALLY TEMPLE ASSOCIATES, INC.

May 3, 2012

Rick Colsky  
Colsky Media  
2740 Van Ness, Suite 220  
San Francisco, CA 94109

Re: Authorization to place media on behalf of McNally Temple Associates, Inc., for our client Spirit of Democracy California.

Dear Rick:

This letter will confirm that Colsky Media is authorized to place political broadcast advertising with media outlets for McNally Temple Associates, Inc. on behalf of our client Spirit of Democracy California. All advertising purchase made on behalf of the campaign will be approved in advance by the committee.

Sincerely,

Richard Temple

McNally Temple Associates, Inc.

# Statement of Organization Recipient Committee

Type or print in ink

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment  
List I.D. number:

☐ Termination - See Part 5  
List I.D. number:

03/27/2012  
Date qualified as committee

Date qualified as committee  
(if applicable)

Date of Termination

1346379

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

MAR 27 2012

DEBRA BOWEN  
Secretary of State

For Official Use Only

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

## 1. Committee Information

NAME OF COMMITTEE

Spirit of Democracy California

STREET ADDRESS (NO P.O. BOX)  
455 Capitol Mall, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento, CA 95814 916-442-7757

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL FAX / EMAIL ADDRESS

916-442-7759  
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Sacramento

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Thomas M. Hiltach

STREET ADDRESS (NO P.O. BOX)

455 Capitol Mall, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento, CA 95814 916-442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Charles H. Bell, Jr.

STREET ADDRESS (NO P.O. BOX)  
455 Capitol Mall, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento, CA 95814 916-442-7757

NAME OF PRINCIPAL OFFICER(S)

Luis Buhler  
STREET ADDRESS (NO P.O. BOX)  
21908 Almaden Avenue

CITY STATE ZIP CODE AREA CODE/PHONE  
Cupertino, CA 95014 408-931-6203

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/27/2012 DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE

SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on DATE

SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER

www.netfile.com

FPFC Form 410 (April 2011)  
FPFC Toll-Free Helpline: 868/ASK-FPFC (868/275-3772)